

# INFORMATION BULLETIN

## WORKFORCE INVESTMENT ACT

Number: WIAB05-33

Date: October 6, 2005  
Expiration Date: 6/30/06  
69:170:jw:9328

TO: WORKFORCE DEVELOPMENT COMMUNITY

SUBJECT: REVISED WIA PARTICIPANT CLIENT FORMS

The purpose of this information bulletin is to inform the subgrantees of changes to the Workforce Investment Act (WIA) Client Forms, and corresponding Job Training Automation (JTA) system data entry screens, to explain the rationale behind those changes, and to transmit the revised forms.

### **Application Form (EWIR) Attachment 1**

The "Pell Grant Recipient" and "Pell Grant School Year Award Amount" fields were moved from the WIA Application Form to the WIA Enrollment/Registration Form (Attachment 2). The reason for this change is Pell Grant information is under-reported. At application, WIA clients are just beginning participation. When a client is enrolled in WIA services, information regarding Pell Grants should be provided. Therefore, these fields were moved to the enrollment to capture data.

The "Citizen" field on the Application Form changed to a "yes/no" answer and a new field "Eligibility to Work in the U.S." was added in July 2005. These changes align with federal guidance regarding employability (right-to-work). The documentation of an individual's employability (right-to-work) must be conducted in compliance with Title 8 Code of Federal Regulations Section 274a.2 which states the federal requirements and procedures persons or entities must comply with when hiring, or when recruiting or referring for a fee, or when continuing to employ individuals in the United States. These requirements and procedures are published as the Immigration and Naturalization Service (INS) Form I-9, and take precedence over any State statute and regulation governing alien status determination. Further explanation of this requirement can be found in the WIA Eligibility Technical Assistance Guide attached to WIA Directive [WIAD04-18](#). Citizenship is a demographic reporting element required from time to time by the State for research and analysis. It is not necessary to document and verify citizenship, in addition to documenting an individual's employability (right-to-work).

### **Enrollment/Registration Form (EWIE) Attachment 2**

The most recent change provides Activity Code 20 on the Enrollment/Registration Form to identify services to individuals displaced by Hurricane Katrina. Please see WIA Directives [WIAD05-3](#), "Tracking Clients Needing Services Due to Hurricane Katrina," dated September 27, 2005, and [WIAD05-4](#), "Reporting on Services to Victims of Hurricane Katrina," dated September 29, 2005, for more detailed instructions regarding this Activity Code.

Two obsolete codes were deleted from the Enrollment/Registration Form. Activity code 80, "Other JTPA," and completion code 9, "Completed during JTPA," were removed from the form. Both codes referred to WIA's predecessor program, the Job Training Partnership Act, and are no longer applicable.

The "Basic Skills Deficient" field has been added to the Enrollment/Registration Form. The addition was made in order to calculate the new "Literacy and Numeracy Gains" Common Performance Measure, which requires assessment of participants "at intake or within 60 days following the date of participation" (Training and Employment Guidance Letter 28-04, page 13).

The "Education Status" field has been added to the Enrollment/Registration Form and to the Exit Form (EWIT) (Attachment 4). These additions were made in order to align with DOL's revised reporting guidance mentioned above. The data will be used to determine if a client was enrolled in education at any time during the participation; this factors into the calculation of the Common Performance Youth Attainment of a Degree or Certificate Measure.

### **Goals Form (EWIG) Attachment 3**

No Changes.

### **Exit Form (EWIT) Attachment 4**

"Education Status" field added, see explanation above.

### **Follow-up Form (EWIF) Attachment 5**

Although not reflected in this bulletin, an upcoming change to the Follow-up Form will be to add a field in order to capture supplemental employment verification for the second quarter after exit. Currently, supplemental employment verification can be reported for the first and third quarters after exit. The reason for this upcoming change is to align with the Common Performance Measures, in which employment retention is measured in the second and third quarters after exit. For a more detailed explanation of the Common Performance Retention Measure please see Training and Employment Guidance Letter [28-04](#), "Common Measures Policy," dated April 15, 2005.

If you have any questions, please contact Damien Ladd at [dladd@edd.ca.gov](mailto:dladd@edd.ca.gov) or (916) 654-5181.

/S/ BOB HERMSMEIER  
Chief  
Workforce Investment Division

Attachments



# WORKFORCE INVESTMENT ACT APPLICATION

|   |                                     |  |  |   |                     |   |  |   |   |
|---|-------------------------------------|--|--|---|---------------------|---|--|---|---|
| <div>Subgrantee Name</div> <div>00 Application Number</div> <div>01 Agency Code</div> <div>02 Social Security Number</div>  |                                     |  |  |   |                     |   |  |   |   |
| <b>03 Universal Access Only</b><br>1 Yes<br>2 No  |                                     | <b>04 Application Date</b>   |  | <b>05 Last Name</b>                       |                     |   | <b>06 First Name / Middle Initial</b>  |   |   |
| <b>07 Street Address (Residence)</b>  |                                     |  |  | <b>City / State (Residence)</b>           |                     |   | <b>08 ZIP Residence)</b>   |   | <b>09 Phone (Residence)</b><br>(     )  |
| <b>10 Mail Street</b>   |                                     |  |  | <b>Mail City / State</b>                  |                     |   | <b>11 Mail ZIP</b>   |   | <b>12 Message Phone</b><br>(     )  |
| <b>13 GEO Code (Optional)</b>   | <b>14a Citizen</b><br>1 Yes<br>2 No | <b>14b Eligibility to Work in the U.S.</b><br>1 Yes<br>2 No  |  | <b>16 Gender</b><br>1 Female<br>2 Male    | <b>17 Birthdate</b> | <b>18 Age</b>   | <b>19 Assessed</b><br>1 Yes, WIA Assessed<br>2 Yes, Non-WIA Assessed<br>3 Not Assessed |   | <b>20 Selective Service Registration</b><br>1 Yes, Registered<br>2 No, Not Registered<br>3 Exempt From Registration<br>4 Not Required |
|   | <b>15 Alien Doc #</b>               |  |  |   |                     |   |  |   |   |
| <b>21 Race (select one or more)</b><br>AA Asian Indian<br>AB Cambodian<br>AC Chinese<br>AD Filipino<br>AE Guamanian<br>AF Hawaiian<br>AG Japanese<br>AH Korean<br>AI Laotian<br>AJ Samoan<br>AK Vietnamese<br>AL Other Asian/Pacific Island<br>AO Other Asian<br>BL Black – Not Hispanic<br>HI Hispanic<br>NA American Indian/Alaskan Native<br>WH White – Not Hispanic |                                     | <b>Concurrent Participation</b><br>22 Adult Education                      1 Yes    2 No<br>23 Job Corps                                1 Yes    2 No<br>24 Farmworker Program                    1 Yes    2 No<br>25 Native American Program               1 Yes    2 No<br>26 Veterans' Workforce Investment Programs   1 Yes    2 No<br>27 Veterans' / DVOP LVR                    1 Yes    2 No<br>28 Trade Adjustment Act                    1 Yes    2 No<br>29 NAFTA-TAA                                1 Yes    2 No<br>30 Vocational Education                    1 Yes    2 No<br>31 Vocational Rehabilitation                1 Yes    2 No<br>32 Wagner-Peyser                            1 Yes    2 No<br>33 WIW-Participant                           1 Yes    2 No<br>34 Title V Activities (OAA)                   1 Yes    2 No<br>35 Comm Srvc Blk Grant Pgm                1 Yes    2 No<br>36 HUD Pgm                                    1 Yes    2 No<br>37 Other non-WIA Pgm                       1 Yes    2 No<br>38 Rapid Response                           1 Yes    2 No<br>39 Rapid Response – Additional Assistance   1 Yes    2 No<br>40 TANF                                        1 Yes    2 No<br>41 Food Stamp Training Program            1 Yes    2 No |  |   |                     | <b>42 Disabled</b><br>1 Yes, Major<br>2 Yes, Substantial<br>3 No            |  | <b>47 Pregnant / Parenting Youth</b><br>1 Yes<br>2 No<br>9 Not Applicable   |   |
|   |                                     |  |  |   |                     | <b>43 Limited English</b><br>1 Yes<br>2 No                                  |  | <b>48 Youth Needing Assistance (Additional Barriers)</b><br>1 Yes<br>2 No<br>9 Not Applicable   |   |
|   |                                     |  |  |   |                     | <b>44 Substance Abuse</b><br>1 Yes<br>2 No                                  |  | <b>49 Runaway Youth</b><br>1 Yes<br>2 No<br>9 Not Applicable  |   |
|   |                                     |  |  |   |                     | <b>45 Basic Skills Deficient</b><br>1 Yes<br>2 No<br>9 Not Applicable       |  | <b>50 Foster Child</b><br>1 Yes<br>2 No<br>9 Not Applicable   |   |
|   |                                     |  |  |   |                     | <b>46 Offender</b><br>1 Yes<br>2 No<br>9 Not Applicable                     |  | <b>51 Family TANF</b><br>1 Yes<br>2 No  |   |
| <b>52 Family GA</b><br>1 Yes<br>2 No  |                                     | <b>53 Family RCA</b><br>1 Yes<br>2 No  |  | <b>54 Family SSI</b><br>1 Yes<br>2 No     |                     | <b>55 Family Food Stamps</b><br>1 Yes, Eligible<br>2 Yes, Receiving<br>3 No |  | <b>56 Number in Family</b>  |   |
|   |                                     |  |  |   |                     |   |  | <b>57 Number of Dependents &lt; Age 18</b>  |   |
|   |                                     |  |  |   |                     |   |  | <b>58 Family Status</b><br>1 Parent in one-parent family<br>2 Parent in two-parent family<br>3 Other family member<br>4 Not a family member<br>5 Not reported |   |
| <b>59 Family Income (Prior 6 mos)</b>   |                                     | <b>60 Low Income</b><br>1 Yes<br>2 No  |  | <b>61 TANF Exhaustee</b><br>1 Yes<br>2 No |                     | <b>62 Homeless</b><br>1 Yes<br>2 No<br>9 Not Applicable                     |  | <b>63 Poor Work History</b><br>1 Yes<br>2 No  |   |
|   |                                     |  |  |   |                     |   |  | <b>64 Unemployment Insurance</b><br>1 Yes, UI Claimant<br>2 Yes, UI Exhausted<br>3 No   |   |
| <b>65 Veteran Status</b><br>1 Yes, <= 180 days<br>2 Yes, > 180 days<br>3 No   |                                     | <b>66 Disabled Veteran</b><br>1 Yes<br>2 Yes, Special disabled<br>3 No   |  | <b>67 Veteran Separation Date</b>         |                     | <b>68 Recently Separated Veteran</b><br>1 Yes<br>2 No                       |  | <b>69 Campaign Veteran</b><br>1 Vietnam-era<br>2 Other Campaign Veteran<br>3 No   |   |
|   |                                     |  |  |   |                     |   |  | <b>70 Spouse of Qualifying Veteran</b><br>1 Yes<br>2 No   |   |

# WORKFORCE INVESTMENT ACT APPLICATION

|                        |
|------------------------|
| Subgrantee Name        |
| Application Number     |
| Agency Code            |
| Social Security Number |

|   |  |   |                  |  |                 |  |  |
|---|--|---|------------------|--|-----------------|--|--|
| Last Name   |  | First Name / Middle Initial                                       |                  |  |                 |  |  |
| 71 Highest Grade Completed  | 72 Education Status<br>1 Student, H.S. or less<br>2 Student, attending post H.S.<br>3 Out-of-School, H.S. dropout<br>4 Out-of-School, H.S. grad, employment difficulty<br>5 Out-of-School, H.S. grad, no employment difficulty |   | 73 Reading Grade | 74 Reading Score   | 75 Reading Test | 76 Reading Version   |  |
| 77 Math Grade   |  | 78 Math Score   |                  | 79 Math Test   |                 | 80 Math Version  |  |
| 81 Labor Force Status<br>1 Employed<br>2 Not employed   |  | 82 Weeks Not Employed Last 26 Weeks                               |                  | 83 Hourly Wage   |                 | 84 Referred by WPRS (Profiling)<br>1 Yes<br>2 No   |  |
| 85 Dislocated Worker<br>1 Terminated or Laid off<br>2 Received Notice of Layoff<br>3 Long Term Unemployed<br>4 Self Employed<br>5 Displaced Homemaker<br>9 Not Applicable |  | 86 Dislocation Date   |                  | 87 Job Code at Dislocation   |                 | 88 Job Title   |  |
| 89 Dislocation Industry Code  |  | 90 Tenure at Employer of Dislocation (months)                     |                  | 91 Employer Number   |                 | 92 Employer Name   |  |
| Employer Address  |  | Employer City   |                  | Employer State / ZIP   |                 | Employer Telephone<br>(      )   |  |
| 93 Eligibility<br>A Adult WIA<br>B Adult Low Income<br>D Dislocated Worker  |  | F Youth (age 14 _ 18)<br>G Youth (age 19 – 21)<br>H Veteran Grant |                  | I 5% Window Youth (age 14 – 18)<br>J 5% Window Youth (age 19 – 21)<br>N Long Term Unemployed<br>X Not Eligible |                 | Does client meet priority of service in Department of Labor veterans training program (Public Law 107-288)?<br>Y Yes<br>N No |  |
| Signature of Interviewer  |  |   |                  | 94 Interviewer ID  |                 | Date   |  |
| Signature of Reviewer   |  |   |                  | 95 Reviewer ID   |                 | Date   |  |

**Client Certification:** My signature below indicates that I have been informed of and understand the information contained on this form. I certify under penalty of perjury that all of the above information is true and complete. I agree that any information I have supplied is subject to verification. I understand that falsification of any item is grounds for termination from the Workforce Investment Act program and may result in action to recover any moneys paid to me while participating.

|                     |      |  |      |
|---------------------|------|--|------|
| Signature of Client | Date | Signature of Parent, Guardian or Responsible Adult | Date |
| Remarks:            |      |  |      |
|                     |      |  |      |
|                     |      |  |      |



# WORKFORCE INVESTMENT ACT ENROLLMENT/REGISTRATION

|                           |
|---------------------------|
| Subgrantee Name           |
| 01 Social Security Number |
| 02 Case Number            |
| Application Number        |

|   |                      |                                |   |                               |                                   |   |                       |   |  |                  |
|---|----------------------|--------------------------------|---|-------------------------------|-----------------------------------|---|-----------------------|---|--|------------------|
| Last Name   |                      |                                |   |                               | First Name / Middle Initial       |   |                       |   |  |                  |
| <b>03 Education Status</b><br>1 Student, H.S. or less<br>2 Student, attending post H.S.<br>3 Out-of-School, H.S. dropout<br>4 Out-of-School, H.S. grad, employment difficulty<br>5 Out-of-School, H.S. grad, no employment difficulty   |                      |                                | <b>04 Basic Skills Deficient</b><br>1 Yes<br>2 No<br>9 Not Applicable |                               | <b>05 Grant Code</b>              |   | <b>06 Agency Code</b> |   | <b>07 Labor Force Status</b><br>1 Employed<br>2 Not Employed |                  |
| <b>08 Enrollment Date</b>   |                      | <b>09 Date ITA Established</b> |   | <b>10 Total Amount of ITA</b> |                                   | <b>11 Pell Grant Recipient</b><br>1 Yes<br>2 No, Applied but denied<br>3 No, Application pending<br>4 Application not submitted   |                       | <b>12 Pell Grant School Year Award Amount</b> |  |                  |
| <b>Activity 1</b>   | <b>Activity Code</b> | <b>Agency Code</b>             | <b>State Provider ID</b>  | <b>Program Code</b>           | <b>Job Code / Job Description</b> | <b>Begin Date</b>   | <b>Est / End Date</b> | <b>ITA Amount Used</b>                        | <b>Completion Code</b>                                       | <b>Goal Code</b> |
| <b>Activity 2</b>   | <b>Activity Code</b> | <b>Agency Code</b>             | <b>State Provider ID</b>  | <b>Program Code</b>           | <b>Job Code / Job Description</b> | <b>Begin Date</b>   | <b>Est/End Date</b>   | <b>ITA Amount Used</b>                        | <b>Completion Code</b>                                       | <b>Goal Code</b> |
| <b>Activity 3</b>   | <b>Activity Code</b> | <b>Agency Code</b>             | <b>State Provider ID</b>  | <b>Program Code</b>           | <b>Job Code / Job Description</b> | <b>Begin Date</b>   | <b>Est/End Date</b>   | <b>ITA Amount Used</b>                        | <b>Completion Code</b>                                       | <b>Goal Code</b> |
| Enrolling Staff Signature   |                      |                                |   | <b>13 Enrolling Staff ID</b>  |                                   |   | Date                  |   |  |                  |
| <b>Activity Codes</b><br><b>Core</b><br>10 Follow-up Services, Counseling<br>11 Staff Assisted Job Development<br>12 Staff Assisted Job Referrals<br>13 Staff Assisted Job Search, Placement<br>14 Staff Assisted Workshops / Job Clubs<br>15 Other Core Services<br>16 Non-WIA Funded Core Services<br>17 Co-enrolled Core Services<br>20 Hurricane Katrina<br><b>Intensive</b><br>30 Case Mgt for Participants<br>31 Comprehensive Assessments<br>32 Development of Individual Employment Plan<br>33 Group Counseling<br>34 Work / Entry Employment Experience<br>35 Individual Counseling and Career Planning<br>36 Out-of-Area Job Search<br>37 Relocation Expenses<br>38 Short Term Pre-vocational Services<br>39 Internships<br>40 Other Intensive Services<br>41 Non-WIA Funded Intensive Services<br>42 Co-enrolled Intensive Services<br><b>Training</b><br>50 Adult Education<br>51 Customized Training<br>52 Entrepreneurial Training<br>53 Job Readiness Training<br>54 Occupational Skills Training<br>55 On-The-Job Training<br>56 Private Sector Training<br>57 Skill Upgrading and Retraining<br>58 Workplace Training and Coop Ed<br>59 Other Training Services<br>60 Non-WIA Funded Training Services<br>61 Co-enrolled Training Services<br><b>Youth</b><br>70 Summer-related<br>71 Educational Achievement Services<br>72 Employment Services<br>73 Citizen and Leadership Services<br>74 Other Youth Services<br>75 Non-WIA Funded Youth Services<br>76 Co-enrolled Youth Services<br><b>Miscellaneous</b><br>81 Supportive Services<br>82 Needs-related Payments<br>83 Planned Break In Services: Delay in Training<br>84 Non-WIA Funded Miscellaneous<br>85 Co-enrolled Miscellaneous Services<br>86 Planned Break in Services: Health / Temp Move<br>90 : 99 Optional Local Use |                      |                                |   |                               |                                   | <b>Goal Codes (Youth Only)</b><br><b>Basic Skills</b><br>001 Reading Comprehension<br>002 Math Computation<br>003 Writing<br>004 Speaking<br>005 Listening<br>006 Problem Solving, Reasoning, Decision Making<br>013 ESL / VESL<br>015 Life Skills<br><b>Occupational Skills</b><br>007 Perform Actual Tasks<br>008 Familiarity with Procedures, Tools<br>016 Technology<br>019 Information Skills<br><b>Work Readiness Skills</b><br>009 World of Work Awareness<br>010 Labor Market Knowledge<br>011 Career Planning<br>012 Job Search Techniques<br>014 Leadership<br>017 Allocates Resources<br>018 Team Work<br>020 Interpersonal Skills<br><b>Completion Codes</b><br>1 Completed<br>2 Not Completed, Involuntary<br>3 Not Completed, Voluntary |                       |   |  |                  |



# WORKFORCE INVESTMENT ACT GOALS

|                        |
|------------------------|
| Subgrantee Name        |
| 01 Case Number         |
| Application Number     |
| 02 Agency Code         |
| Social Security Number |

| Last Name  |           |  |                  | First Name / Middle Initial |  |                    |               |
|--|-----------|--|------------------|-----------------------------|--|--------------------|---------------|
| Primary Goal   | Goal Type | Goal Code  | Goal Description | Date Set                    | Result Code  | Result Description | Date Attained |
|  |           |  |                  |                             |  |                    |               |
|  |           |  |                  |                             |  |                    |               |
|  |           |  |                  |                             |  |                    |               |
|  |           |  |                  |                             |  |                    |               |
|  |           |  |                  |                             |  |                    |               |
|  |           |  |                  |                             |  |                    |               |
|  |           |  |                  |                             |  |                    |               |
|  |           |  |                  |                             |  |                    |               |
|  |           |  |                  |                             |  |                    |               |
|  |           |  |                  |                             |  |                    |               |
| Staff Signature  |           |  |                  | 03 Goals Staff ID           |  | Date               |               |
| <b>Primary Goal Code</b><br>1 Primary Goal<br>2 Not Primary Goal   |           | <b>Goal Type</b><br>1 Basic Skills<br>2 Occupational Skills<br>3 Work Readiness Skills   |                  |                             | <b>Result Code</b><br>1 Attained Goal<br>2 Set, Goal Not Attained  |                    |               |
| <b>Goal Code</b>   |           |  |                  |                             |  |                    |               |
| <b>BASIC SKILLS</b><br>001 Reading Comprehension<br>002 Math Computation<br>003 Writing<br>004 Speaking<br>005 Listening<br>006 Problem Solving, Reasoning, Decision Making<br>013 ESL / Vocational ESL<br>015 Life Skills |           | <b>OCCUPATIONAL SKILLS</b><br>007 Perform Actual Tasks<br>008 Familiarity With Procedures, Tools<br>016 Technology<br>019 Information Skills |                  |                             | <b>WORK READINESS</b><br>009 World of Work Awareness<br>010 Labor Market Knowledge<br>011 Career Planning<br>012 Job Search Techniques<br>014 Leadership<br>017 Allocates Resources<br>018 Team Work<br>020 Interpersonal Skills |                    |               |



# WORKFORCE INVESTMENT ACT

## EXIT

|                        |
|------------------------|
| Subgrantee Name        |
| 01 Application Number  |
| 02 Agency Code         |
| Social Security Number |

|  |  |   |   |
|--|--|---|---|
| Last Name  |  | First Name / Middle Initial   |   |
| <b>03 Exit Education Status</b><br>1 Student, H.S. or Less<br>2 Student, attending post H.S.<br>3 Out-of-School, H.S. dropout<br>4 Out-of School, H.S. grad, employment difficulty<br>5 Out-of-School, H.S. grad, no employment difficulty     |  | <b>04 Exit Codes</b>  | <b>Exit Codes (Select up to three codes)</b><br>01 Entered Employment<br>02 Called Back / Remained With Layoff Employer<br>03 Entered Advanced Training<br>04 Entered Postsecondary Education<br>05 Attained Recognized Certificate / Diploma / Degree<br>06 Planned Services Completed<br>07 Planned Services Not Completed<br>08 Lacks Transportation<br>09 Family Care<br>10 Health / Medical<br>11 Cannot Locate<br>12 Death<br>13 Institutionalized<br>14 Voluntary Other<br>15 Objective Assessment Only<br>16 Returned to Secondary Education (Youth Only)<br>17 Soft Exit<br>18 Reservists Recalled<br>19 Automatic State Exit<br>20 Mandated Residential Program Youth |
| <b>05 Exit Date</b>  | <b>06 Soft Exit Determination Date</b>                                     | <b>07 Degree Attained</b><br>1 Yes<br>2 No, credential intended<br>3 No, credential not intended<br>4 No, credential pending<br>5 No training services provided | <b>08 Date Degree or Certificate Attained</b>   |
| <b>09 Type of Degree Attained</b><br>1 High School Diploma<br>2 Equivalency / GED<br>3 AA or AS Diploma / Degree<br>4 BA or BS Diploma / Degree<br>5 Occupational Skills License<br>6 Occupational Skills Certificate or Credential<br>7 Other |  |   |   |
| <b>10 Entered Postsecondary Education</b><br>1 Yes<br>2 No   |  | <b>11 Entered Advanced Training</b><br>1 Yes<br>2 No  | <b>12 Entered Military Service</b><br>1 Yes<br>2 No   |
| <b>13 Entered Qualified Apprenticeship</b><br>1 Yes<br>2 No  |  |   |   |
| <b>14 Date Employed</b>  | <b>15 Employer Number</b>  | <b>16 Employer Name</b>   |   |
| <b>Employer Address</b>  |  | <b>Employer City / State</b>  | <b>Employer ZIP</b>   |
| <b>17 Employer Contact</b>   |  | <b>18 Contact Phone</b>   | <b>19 Job Code</b>  |
| <b>20 Hours Per Week</b>   |  |   |   |
| <b>21 Hourly Wage</b>  | <b>22 Training Related Employment</b><br>1 Yes<br>2 No<br>9 Not Applicable | <b>23 Determination Method</b><br>1 Training to job<br>2 Industry to training<br>3 Other  | <b>24 Health Benefits</b><br>1 Yes<br>2 No  |
| <b>25 Non-Traditional Employment</b><br>1 Yes<br>2 No  |  |   |   |
| <b>Exit Staff Signature</b>  |  | <b>26 Exit Staff ID</b>   | <b>27 Update Client Info?</b><br>Y Yes<br>N No  |
| <b>Date</b>  |  |   |   |
| <b>Post Exit Services</b>  |  |   |   |
| <b>28 Service Code</b>   | <b>29 Description</b>  | <b>30 Begin Date</b>  | <b>31 End Date</b>  |
|  |  |   |   |
|  |  |   |   |
|  |  |   |   |
| <b>Post Program Service Code</b><br>01 Educational Achievement<br>02 Employment Services<br>03 Additional Youth Support<br>04 Citizen and Leadership<br>05 Follow-up Services  |  |   |   |

|                        |
|------------------------|
| Subgrantee Name        |
| 01 Application Number  |
| 02 Agency Code         |
| Social Security Number |

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